

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Green Party of New York State

ADDRESS (number and street)

60 Pine Hill Drive

☐Check if different  
than previously  
reported. (ACC)

Alfred

NY

14802

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00318907

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☒January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

07

01

2007

through

12

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Paul T Culley

Signature of Treasurer

Electronically Filed by Mr. Paul T Culley

Date

02

01

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Green Party of New York State

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		2916.71
(b) Cash on Hand at Beginning of Reporting Period .....	2916.71	
(c) Total Receipts (from Line 19) .....	2192.33	2192.33
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	5109.04	5109.04
7. Total Disbursements (from Line 31) .....	1228.64	1228.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	3880.40	3880.40
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Green Party of New York State

Report Covering the Period:

From:

M M  
0 7D D  
0 1Y Y Y Y  
2 0 0 7

To:

M M  
1 2D D  
3 1Y Y Y Y  
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	350.00	350.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	413.00	413.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	763.00	763.00
(b) Political Party Committees .....	864.50	864.50
(c) Other Political Committees (such as PACs) .....	75.00	75.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1702.50	1702.50
12. Transfers From Affiliated/Other Party Committees .....	100.00	100.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	389.83	389.83
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2192.33	2192.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2192.33	2192.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		450.00	450.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		450.00	450.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	0.00
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees .....		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		778.64	778.64
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		1228.64	1228.64
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		1228.64	1228.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1702.50	1702.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1702.50	1702.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	450.00	450.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	389.83	389.83
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	60.17	60.17

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul T Culley

Mailing Address 60 Pine Hill Drive

City

Alfred

State

NY

Zip Code

14802

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
None

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.4112

Amount of Each Receipt this Period

350.00

In-kind - Audit Committee  
Expenses

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

**TOTAL** This Period (last page this line number only) .....

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

☐ 11a ☒ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)

Green Party of the United States

Mailing Address 1711 18th Street  
NW

City State Zip Code  
Washington DC 20009

FEC ID number of contributing  
federal political committee.

**C** C00370221

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

754.50

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 9 / 2 0 0 7

Transaction ID: SA11B.4116

Amount of Each Receipt this Period

754.50

State sharing and donors

**B.**

Full Name (Last, First, Middle Initial)

Westchester Greens

Mailing Address 18 Lakeview Road

City State Zip Code  
Carmel NY 10512

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 7

Transaction ID: SA11B.4114

Amount of Each Receipt this Period

110.00

bank account closing

**SUBTOTAL** of Receipts This Page (optional) .....

864.50

**TOTAL** This Period (last page this line number only) .....

864.50

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)

McReynolds for Senate Campaign

Mailing Address 268 12th Street

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing  
federal political committee.**C** C00407718

Name of Employer

Occupation

Receipt For:

☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	0	7

Transaction ID: SA11C.4145

Amount of Each Receipt this Period

75.00

donation

SUBTOTAL of Receipts This Page (optional) .....

75.00

TOTAL This Period (last page this line number only) .....

75.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)

NY Green Fest

Mailing Address P.O. Box 363

City

Hammondsport

State

NY

Zip Code

14840

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 7

Transaction ID: SA12.4118

Amount of Each Receipt this Period

100.00

Donation

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

**TOTAL** This Period (last page this line number only) .....

100.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 15

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)

Green Party of New York State

Mailing Address 60 Pine Hill Drive

City

Alfred

State

NY

Zip Code

14802

FEC ID number of contributing  
federal political committee.**C** C00318907

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	7

Transaction ID: SA15.4176

Amount of Each Receipt this Period

265.00

Cash received to cover me-  
als and rent

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

265.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Green Party of New York State

A.

Full Name (Last, First, Middle Initial)

Mr. Paul T Culley

Mailing Address 60 Pine Hill Drive

City  
Alfred

State  
NY

Zip Code  
14802

Purpose of Disbursement

In-kind - Audit Committee Expenses

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: SB21B.4113

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional) .....

350.00

TOTAL This Period (last page this line number only) .....

350.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Green Party of New York State

<b>A.</b> Full Name (Last, First, Middle Initial) Chase Bank	<b>Transaction ID:</b> SB29.4149 <b>Date of Disbursement</b>
Mailing Address 1775 Monroe Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 7 / 2 0 0 7</div> </div>
City Rochester State NY Zip Code 14618	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank records of BONY	<div> <div></div> <div>120.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Peter LaVenja	<b>Transaction ID:</b> SB29.4159 <b>Date of Disbursement</b>
Mailing Address 39 South Lake Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 7</div> </div>
City Albany State NY Zip Code 12203	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Meeting room security deposit refund	<div> <div></div> <div>100.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Mr. David Lussier	<b>Transaction ID:</b> SB29.4158 <b>Date of Disbursement</b>
Mailing Address 382 Morris Street	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 7</div> </div>
City Albany State NY Zip Code 12208	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Meeting room display board	<div> <div></div> <div>24.83</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**244.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Green Party of New York State

**A.**

Full Name (Last, First, Middle Initial)  
Ms Gloria Mattera

Mailing Address 437 2nd Street

City State Zip Code  
Brooklyn NY 11215

Purpose of Disbursement  
Peace meeting tabling fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.4164

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.00

**B.**

Full Name (Last, First, Middle Initial)  
PayPal

Mailing Address P.O. Box 45950

City State Zip Code  
Omaha NE 68145-0950

Purpose of Disbursement  
PayPal fee

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.4151

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.33

**C.**

Full Name (Last, First, Middle Initial)  
PayPal

Mailing Address P.O. Box 45950

City State Zip Code  
Omaha NE 68145-0950

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB29.4153

Date of Disbursement

/   /

Amount of Each Disbursement this Period

0.33

**SUBTOTAL** of Disbursements This Page (optional) .....

35.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 15

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Green Party of New York State

<b>A.</b> Full Name (Last, First, Middle Initial) PayPal	<b>Transaction ID:</b> SB29.4154 <b>Date of Disbursement</b>
Mailing Address P.O. Box 45950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 6 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68145-0950	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PayPal fee	<div> <div></div> <div>0.59</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) PayPal	<b>Transaction ID:</b> SB29.4155 <b>Date of Disbursement</b>
Mailing Address P.O. Box 45950	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 7 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68145-0950	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PayPal fee	<div> <div></div> <div>0.33</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) PayPal	<b>Transaction ID:</b> SB29.4156 <b>Date of Disbursement</b>
Mailing Address P.O. Box 45950	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 9 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68145-0950	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement PayPal fee	<div> <div></div> <div>1.03</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**1.95**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)  
Green Party of New York State

<b>A.</b> Full Name (Last, First, Middle Initial) PayPal Mailing Address P.O. Box 45950	<b>Transaction ID:</b> SB29.4157 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 7</div> </div>
City Omaha State NE Zip Code 68145-0950 Purpose of Disbursement PayPal fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>3.20</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Shalimar Restaurant Mailing Address 31 Central Avenue City Albany State NY Zip Code 12210 Purpose of Disbursement Lunch cost Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4162 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>318.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Unitarian Univer Soc Albany Mailing Address 405 Washington Avenue City Albany State NY Zip Code 12206 Purpose of Disbursement Meeting Room rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB29.4173 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>175.00</div>

**SUBTOTAL** of Disbursements This Page (optional) .....

**496.20**

**TOTAL** This Period (last page this line number only) .....

**778.64**